

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL033001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2016
NAME OF PROVIDER OR SUPPLIER OPEN FIELDS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3210 WESTERN BOULEVARD TARBORO, NC 27886		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Biennial Survey by Billy S. Bryant conducted on 06/29/2016. Records indicate this facility was first licensed on 11/06/1981. The facility is currently licensed for 130 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1978 (Revision 3) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1977 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility did not maintain mechanical equipment in a safe operating manner. This could effect occupants of the facility by producing conditions that could lead an increased possibility of inhalation of fumes or even combustion. Finding on 06/29/2016: a. 400 Hall - There was a strong odor of propane	C 189		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL033001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2016
NAME OF PROVIDER OR SUPPLIER OPEN FIELDS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3210 WESTERN BOULEVARD TARBORO, NC 27886		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 1 gas in the water heater room. Note: While the surveyor was on site the provider called the fire department who verified there was a high level of propane gas in the room. The provider called the gas supplier and two technicians responded and detected a leaking piping valve in the water heater room. 2. Based on observation electrical equipment was not maintained in operating condition. Findings on 06/29/2016: a. 3 out of 4 of the exterior exit lights at the ends of the halls are not operating. b. 200 Hall - In the water heater room 2 of the 3 electrical panels do not have the breakers labeled. c. In 4 out of 6 resident rooms the room's interior night lights are not operating. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the facility could be effected if doors do not latch and remain closed as required so as to limit the spread of smoke or fire to the area of origin. Finding on 06/29/2016: a. Cross Corridors Doors Adjacent to Room 1CR - The doors did not fully close and latch when released upon activation of the fire alarm system.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL033001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2016
NAME OF PROVIDER OR SUPPLIER OPEN FIELDS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3210 WESTERN BOULEVARD TARBORO, NC 27886		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 199	<p>Continued From page 2</p> <p>(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <ul style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ul style="list-style-type: none"> 1. Based on observation the facility has not provided exhaust ventilation in required locations. <p>Findings on 06/29/2016:</p> <ul style="list-style-type: none"> a. The central exhaust fan system for the building is not operating. b. Women's and Men's Staff Bathrooms - There is not an exhaust fan installed for the rooms. c. Kitchen - There is not an exhaust fan installed for the mop room. 	C 199		